

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90113 024 ***150.00

DOCUMENT # **P01000019754**

1. Entity Name

SCI MULTIMEDIA CORP



90085077

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19370 COLLINS AVENUE

Suite, Apt. #, etc.

SUITE # 1107

City & State

SUNNY ISLES FL

Zip

33160

Country

3. Mailing Address

19370 COLLINS AVENUE

Suite, Apt. #, etc.

SUITE # 1107

City & State

SUNNY ISLES FL

Zip

33160

Country

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4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

SCHOLNIK JORGE L

Street Address (P.O. Box Number is Not Acceptable)

19370 COLLINS AVE

SUITE # 1107

City

SUNNY ISLES BEACH FL 33160

Zip Code

33160

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
RABINOVICH JAVIER
COLLINS AVE #1107
SUNNY ISLES BEACH FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STDO
KISIELNICKI RUTH
19370 COLLINS AVE #1107
SUNNY ISLES BEACH FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other individuals empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RUTH KISIELNICKI Secretary 4-10-03 305 4666999

Date

Daytime Phone

CR2E034B (12/02)